

Specialty Course Instructor Application
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Fire Fighter Training
P.O. Box 30700, Lansing, MI 48909
Telephone: 517-373-7981

Authority: 1966 PA 291

To become a Specialty Course Instructor the applicant must meet the requirements approved by the Office of Fire Fighter Training (OFFT). Such requirements include, but are not limited to, training, experience, and education, relating to the course under consideration. Individuals qualifying to instruct a Specialty Course are limited to instructing the specific course(s) for which they are approved by OFFT.

Applicant Information

LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS (No P.O. Boxes - UPS will not deliver)			COUNTY OF RESIDENCE	
CITY		STATE	ZIP CODE	SOCIAL SECURITY NUMBER*
DAYTIME TELEPHONE NUMBER (Include Area Code)	EVENING TELEPHONE NUMBER (Include Area Code)		DRIVER'S LICENSE NUMBER	
E-MAIL ADDRESS	FIRE DEPARTMENT / STATION NAME			FDID NUMBER

Prerequisites (Check One)

I am a full-time employee of:	Dept. of Natural Resources	MSP / Fire Investigation	Other (Describe)
	US/Forest Service	MSP / Motor Carrier Division	_____
I have completed the OFFT 4.5 hour Instructor Orientation course:		Yes	No

Certification and Signature

I certify the information provided is true and accurate to the best of my knowledge. If granted instructor status, I will comply with all applicable OFFT instructor policies and procedures.	
APPLICANT'S SIGNATURE	DATE

Authorized Agency Representative

Check course(s) applicant is qualified to instruct	<input type="checkbox"/> Cargo Tank Training	<input type="checkbox"/> Wildland Fire S-130 (18.25 hr)	<input type="checkbox"/> Wildland Fire Behavior S-190 (6 hr)
	<input type="checkbox"/> Wildland Fire (6 hr)	<input type="checkbox"/> Det. of Arson & Suspicious Fires	<input type="checkbox"/> Wildland Urban Interface S-205 (24 hr)
I certify the above applicant is a full-time employee, has completed instructor training, and is qualified to instruct the course(s) checked above.			
PRINTED NAME OF AUTHORIZED AGENCY REPRESENTATIVE		AGENCY	TELEPHONE NUMBER (include Area Code)
AUTHORIZED AGENCY REPRESENTATIVE SIGNATURE			DATE

Mail or fax the completed form to your Region Supervisor

<p style="text-align: center;">Gary Crum Region 1 & 2 Supervisor Office of Fire Fighter Training 2922 Fuller Ave. NE, Ste. 114 Grand Rapids, MI 49505</p> <p style="text-align: center;">Telephone: 616-447-2689 Fax: 616-447-2668 email: gdcrum@michigan.gov</p>	<p style="text-align: center;">Deward Beeler Region 3 Supervisor Office of Fire Fighter Training 411 East Genesee, 4th floor Saginaw, MI 48607</p> <p style="text-align: center;">Telephone: 989-758-1912 Fax: 989-758-1616 email: dbbeele@michigan.gov</p>
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The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.